

2018 Medical Plan Quick Comparison: Deputy Sheriff Employees

Plan Feature In-network	SmartCare (Kaiser)			KingCare (Regence & CVS)		
Provider Choice	A primary care provider coordinates care through the plan network. You may self-refer to Kaiser of Washington specialists. No coverage for out-of-network care unless approved/referred.			You may choose any qualified provider, but your out-of-pocket costs are lowest when you use network providers.		
Out-of-area Coverage	Covered care is available at out-of-area Kaiser Permanente facilities—call Member Services to set up access. If outside the Kaiser area, urgent and emergency care is covered at any provider.			Same coverage as when home, through Regence and CVS Caremark® national provider networks.		
Benefit Access Fee	\$0			\$75 per month		
	Gold	Silver	Bronze	Gold	Silver	Bronze
Deductible ¹	Single \$0 Family \$0			Single \$100 Family \$300	Single \$600 Family \$1,800	Single \$800 Family \$2,400
Out-of-Pocket Limit ²	Single \$1,000 Family \$2,000	Single \$2,000 Family \$4,000	Single \$3,000 Family \$6,000	Single \$900 Family \$1,900	Single \$1,600 Family \$3,800	Single \$2,000 Family \$4,800
Prescription Out-of-Pocket Limit	Single & Family \$0 Copays apply to out of pocket maximum			Single \$1,500 Family \$3,000		
Your <i>in-network</i> cost after deductible ³	Gold	Silver	Bronze	Gold	Silver	Bronze
Emergency Room	\$100 copay			10% after \$100 copay	25% after \$100 copay	25% after \$100 copay
Hospital Care inpatient	\$200 copay	\$400 copay	\$600 copay	10%	25%	25%
Labs, X-ray, Tests	0%			10%	25%	25%
Mental Health	Outpt: \$20 copay Inpt: \$200 copay	Outpt: \$35 copay Inpt: \$400 copay	Outpt: \$50 copay Inpt: \$600 copay	10%	25%	25%
Office Visits	\$20 copay	\$35 copay	\$50 copay	10%	25%	25%
Prescription drugs (retail 30-day supply)	Generic: \$10 copay Preferred brand: \$20 copay Non-preferred brand: \$30 copay			Generic: \$7 copay Preferred brand: \$30 copay Non-preferred brand: \$60 copay		
Urgent Care	\$20 copay	\$35 copay	\$50 copay	10%	25%	25%

09202017 **DISCLAIMER:** This chart should be used as a general guide only. For specific plan details, go to kingcounty.gov/employees/benefits and refer to the Summary Plan Description, the governing document.

1. Deductible: The amount you pay per year before the plan begins to pay.

2. Out-of-pocket limit: The most you could pay per year for your share of the costs of covered services, including the deductible, copays, and coinsurance.

3. All services must be medically necessary. See plan guide for details, limits, restrictions, and preauthorization requirements.

Benefits, Payroll & Retirement Operations 206-684-1556 KC.Benefits@KingCounty.gov

